

INFORMED CONSENT FORM & TERMS

I _____ give consent to Karen Mullins, DOM to provide Oriental and Functional Medicine Counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I understand that Karen Mullins is not an MD and does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and holistic education for an already diagnosed condition. She provides information to enhance my knowledge of health through the use of whole foods, dietary supplements, Chinese Herbs and emotional awareness. While nutritional and botanical support can be an important compliment to my medical care, I understand these services are not a substitute for medical care. Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to Karen Mullins will be kept confidential, unless I consent to sharing my medical information. I agree to hold Karen Mullins harmless for claims or damages in connection with our work together. This is a contract between myself and Karen Mullins and I understand that it is also a release of potential liability.

Client or Guardian's Signature

_____ Date _____

Print Name (s)